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November 15, 2002

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RECIPIENT/ PHONE NO.	FAX NO.	COMPANY/ CITY, STATE, COUNTRY
TC1700 – Ex. J. Rhee Group Art Unit 1772)	703-872-9310	U.S. Patent Office Washington, DC

John S. Pratt

FROM

12

PAGES (WITH COVER)

8493

REFERENCE NO

I4060/205649

CLIENT/MATTER NO.

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COMMENTS

Please acknowledge receipt of the enclosed:

- 1) Transmittal Form PTO/SB/21
- 2) Fee Transmittal – no fee due
- 3) Amendment and Response to Office Action
including Marked-up copy of amended
claims pursuant to 37 C.F.R. 1.121(c)

For:

Applicant(s): Daniel et al.

Title: Orthogonally Ambiguous Carpet Tile

Serial No.: 09/783,354

Filing Date: February 14, 2001

Attorney Docket No. IRC293 I4060/205649

OFFICIAL**FAX RECEIVED**

NOV 18 2002

GROUP 1700

TO BE COMPLETED BY KS OPERATIONS CENTER

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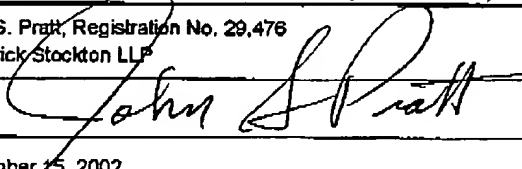
PTO/SB/21 (08-00)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

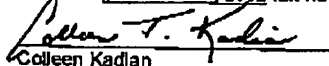
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/783,354
	Filing Date	February 14, 2001
	First Named Inventor	Daniel et al.
	Group Art Unit	1772
	Examiner Name	Jane Rhee
Total Number of Pages in This Submission	Attorney Docket Number	14060/205649

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	John S. Pratt, Registration No. 29,476 Kilpatrick Stockton LLP	
Signature		
Date	November 15, 2002	

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this Amendment and Response to Office Action and all documents referred to as enclosed are being facsimile transmitted to the U.S. Patent and Trademark Office on November 15, 2002 fax no. 703-872-9310 at TC1700 (ART UNIT 1772).


Colleen Kadlan

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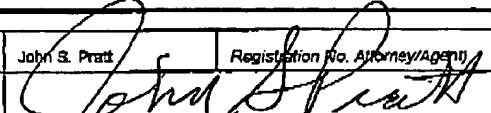
GROUP 1700

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<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2002</h2> <p style="text-align: center;"><i>Patent fees are subject to annual revision.</i></p>		<i>Complete if Known</i>		
		Application Number	09/783,354	
		Filing Date	February 14, 2001	
		First Named Inventor	Daniel, et al.	
		Examiner Name	Jane Rhee	
		Group / Art Unit	1772	
TOTAL AMOUNT OF PAYMENT (\$)		0	Attorney Docket No.	14060/205649

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 11-0855 Deposit Account Name: KILPATRICK STOCKTON LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																																																																																																																																														
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John S. Pratt	Registration No. Attorney/Agent	29,476
Signature		Telephone	404-815-6500
		Date	November 15, 2002

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